

**DOCTOR/NURSE PRACTITIONER RELEASE FORM**

**FOR THE RUSHVILLE FIRE DEPARTMENT'S**

**AGILITY TEST**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Agility Test: \_\_\_\_\_

I, \_\_\_\_\_ after reviewing the Agility Test Components  
Physician

required by the Rushville Fire Department for employment consideration have  
an adequate physical to match the Agility Test and its Physical requirements  
and find no reason that the above name applicant could not participate.

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_